2/22/07 3:27:15 55 EK 551 PG 645 DESOTO COUNTY, MS W.E. DAVIS, CH CLERK

This Instrument Prepared By/Return to: THE BLACKBURN LAW FIRM, PLLC, 8429 Industrial Drive, Olive Branch, MS 38654 (662) 895-6116 / (901) 521-7352

## **QUITCLAIM DEED**

DANIEL EDWARD SHINE

**GRANTOR** 

TO:

ALBERT LAWAYNE HOUSE, ET UX,

**GRANTEES** 

FOR AND IN CONSIDERATION of the sum of Ten (\$10.00) Dollars cash in hand paid and other good and valuable considerations, the receipt, adequacy and sufficiency of which is hereby acknowledged, I, DANIEL EDWARD SHINE, Grantor, do hereby grant, bargain, sell, quitclaim and convey unto ALBERT LAWAYNE HOUSE, and wife, PEGGY LEE HOUSE, as tenants by the entirety with full rights of survivor ship and not as tenants in common, Grantees, the following described property lying and being situated in DeSoto County, Mississippi, being more particularly described as follows, to-wit:

Lot 40, Section "B", Crumpler Place Subdivision, located in Section 32, Township 1 South, Range 6 West, DeSoto County, Mississippi as per plat of record in Plat Book 42, Page 42, in the office of the Chancery Clerk of DeSoto County, Mississippi.

Being the same property conveyed to the Grantor herein by way of the Last Will and Testament of Ella Frances Hopper as filed with the Chancery Court of DeSoto County Mississippi in Cause No. 06-11-2001.

TO HAVE AND TO HOLD the above quitclaimed premises, together with all and singular the hereditament and appurtenances thereunder belonging or in any wise appertaining to said Grantees, their assigns and heirs, forever.

THIS INSTRUMENT WAS PREPARED WITHOUT THE BENEFIT OF TITLE EXAMINATION FROM INFORMATION FURNISHED TO THE BLACKBURN LAW FIRM, PLLC. THE BLACKBURN LAW FIRM, PLLC, PREPARER OF THIS DEED, MAKES NO WARRANTIES AS TO TITLE TO THE PROPERTY OR TO THE ACCURACY OF INFORMATION FURNISHED.

WITNESS the signatures of the said Grantors, on this the Unique day of February, 2007.

DANIEL POWARD SHINE

Blackburn

## STATE OF MISSISSIPPI COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority of law in and for said County and State, the within named **DANIEL EDWARD SHINE** who acknowledged that he executed and delivered the above and foregoing Quitclaim Deed on the day and year therein mentioned as his free and voluntary act and deed and for the purposes therein expressed.

GIVEN under my hand and official seal of office, this the 16th day of February, 2007.

MY COMMISSION EXPIRES:

PUBLIC

Grantor's Address: 5811 Brice Cove South, Olive Branch, MS 38654

Grantor's Telephone No. Home: 662-895-4828 Work:

Grantee's Address: 5811 Brice Cove South, Olive Branch, MS 38654

Grantee's Telephone No. Home: <u>662-895-4828</u> Work: \_



## MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

BK 551 PG 647



1	<b>,</b>	
YPE OR PRINT VITH BLACK INK		-023123
DECEASED	1. NAME First Middle Last 2 SEX 3a HOUR OF DEATH 3b. DATE OF	
	Ella Frances Hopper Female 7:41A m Octobe	r 26, 2006
	American Indian, etc.)  BIRTHDAY 5b. MOS 5c DAYS 5d. HOURS 5e MINS	COUNTY OF DEATH
	The CITY OF TOWN OF PEATLY TO 1990 THE STATE OF THE STATE	Desoto
death occurred in institution, see	either, give street address, route number or other location) INPT_OUTPT_EMER_RMOR or	Y 8. STATE OF BIRTH
MANDBOOK, regarding ompletion of		TN
ESIDENCE items	grade completed) (0-12) 8 (1-4, WIDOWED, DIVORCED maiden name) (Yes	es or No) No
	Afro-American, Mexican, etc.)	USINESS OR INDUSTRY
or RESIDENCE items, iter actual location	American 412-18-3535 Homemaker Dome 16a RESIDENCE-STATE 16b COUNTY 16c CITY OR TOWN 16d INSIDE CITY LIMITS 16e STREET AND NUMBE	stic
home rather than siling address	(Specify Yes or No)	
ARENTS	MS Desoto Olive Branch Yes 7232 Helen D	
	Charles	•
FORMANT	19a INFORMANT—NAME (Type or print)  19b MAILING ADDRESS (Street and number or route and box number, City or low	King n. State, ZIP code)
	Peggy House 5811 Brice Cv. South, Olive Branch Mg	
ISPOSITION	20a BURIAL CREMATION. 20b CEMETERY CREMATORY—NAME 20c LOCATION (City and State) 21a EMBALMER—SIGNATURE AND	NUMBER
		FS1020
:	Burial Memphis Memory Gardens Memphis, TN Aaron Hazen  21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER  21c. MAILING ADDRESS (Street and number or route and box number, City or to	own. State. ZIP code)
	Memphis Funeral Home 416 P.O. Box 17069, Memphis, TN 38187-00	)69
RONOUNCEMENT	22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) 22b. PRONOUNCED DEAD (Month. Day. Year) 22c. I	PRONOUNCED DEAD
RTIFIER	23a. CERTIFIER—NAME (Type or print)  23b. MAILING ADDRESS (Street and number or route and box number. City or to	wn. State. ZIP code)
	Jeffery Pounders 4942 Pounders Rd. Nesbit, Ms. 3	
	24a. To the best of my knowledge, death occurred due to the cause(s)  This  24e. On the basis of examinating and/or investigation  This occurred due to the dausery, and manner as stated.	n. in my opinion death
sissippi State and of Health	Section SIGNATURE MD Section SIGNATURE	100
m No. 511	pleted by   24b. DATE SIGNED (Month, Day, Year)   24c. STATE LICENSE NUMBER   pleted by   24t. TITLE   physician	·,
vised 1-1-89	if NOT a examiner Desorto MME/I	
	examiner 240. NAME OF ALTENDING PHYSICIAN IF OTHER THAN CERTIFIER 24g. DATE SIGNED (Month, Day, Year)	_
USE OF DEATH	Nov. 3,2006	
USE OF DEATH	25 PART   IMMEDIATE CAUSE (Enter one cause only).  DEATH CAUSED (a) Hypertension	interval between onset and death
	BY: LTV	deternal between and
Conditions, if any, which gave rise to	1 ACCD	i interval between onset and death
immediate cause stating the	DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):	Interval between onset
underlying cause last		and death
d Decedent en Pregnant	26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause  27. AUTOPSY   28. WAS given in PART   28. OF STANDING CONDITIONS—Conditions contributing to death but not resulting in the underlying cause  (Ves. or. No.)   MET.	S CASE REFERRED TO DICAL EXAMINER? or No. Yes
thin 90 Days	Use if 129a. ACCIDENT, SUICIDE. HOMICIDE, PENDING 29b. DATE OF INJURY 29c. HOUR OF INJURY 29d. DESCRIBE HOW OR BY WHAT MEAN (Month, Day, Year)	S INJURY OCCURRED
1 19	due to	
Yes No	natural   29e. INJURY AT WORK   29f. PLACE OF INJURY (Specify Home, Farm, Street, 29g. LOCATION Street or route number City or causes (Yes or No)   Factory, Office building, etc.)	town State
		<del></del>
	THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE	
		1 _
-4000-	Blan W. amy ms. Ledy Mould	10 1
Maria STA	Accorded to the second of the	
MERI STATE		
GRI STATE	Brian W. Amy, MD, MHA, MPH STATE HEALTH OFFICER  Brian W. Amy, MD, MHA, MPH STATE HEALTH OFFICER  Judy Moulder STATE REGISTRAR	BRI STAT
STATE OF SE	Brian W. Arry, MD, MHA, MPH STATE HEALTH OFFICER  Brian W. Arry, MD, MHA, MPH STATE HEALTH OFFICER  STATE REGISTRAR	
STATE GOARS	Brian W. Arny, MD. MHA, MPH	

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.



## MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

BK 551 PG (



death occurred in	Thoma 4 RACE (Specify White Big American Indian, etc.) White		LAST ONLY IF UN	opper	<sup>2</sup> SEX  Male	3a HOUR OF DE 10:15A	<sup>m.</sup> June	22. 20	005
	4 RACE (Specify White, Bla American Indian, etc.)	ack. 5a AGE AT I	LAST ONLY IF UN		нате			: ZZ, Z(	มขอ
		BIRTHDA			Y IE UNDER 1 DAVI 6 I	DATE OF BIDTH MAG	nen Day Vani	7- COLUMN	05.05.47
	[ MILLEC	81 y	AY 5b. MOS Years	5c. DAYS 5d i	HOHRS SA MINS I			l _	
	7b. CITY OR TOWN OF DE	ATH 1.7c HOSPITAL	OR OTHER INSTI	TUTION NAME AN	DAILMADED W	me 27, 19		Desot	
AAIDAGA	Olive Branch	either, give	e street address, rou	ute number or othe	r location)	7d IF IN HOSP. INPT. OUTP	, oh inst. Spi T., emer am.	ECIFY   8 S .OR.DOA	TATE OF BIE
ANDBOOK, regarding ompletion of	9 DECEDENT'S EDUCATION		Helen Dr.	10 MARRIER	NEVER MARRIED IN				<u>IR</u>
ESIDENCE items	(Specify only highest grade completed)		. (1-4.	WILLOWED	NEVER MARRIED, 11 S DIVORCED n	naiden name)		U.S. ARMED	) FORCES?
	13. ORIGIN OR DESCENT (	(0-12) <b>8</b>	5+) 4. SOCIAL SECUR		larried El	la France:	s Newman	n (Yes or No;	Yes
	Afro-American, Mexican,	etc.)		ł	15a USUAL OCCUPATI most of working life	<del>?</del> }			
pr RESIDENCE Items, nter actual location	American 16a. RESIDENCE—STATE	16b COUNTY	414-42-99	OD OR TOWN	Fork Lift	Operator	Kimb	erly Cl	ark
home rather than selling address					{Specify Ye	TY LIMITS 16e ST	REET AND NU	IMBER OR RU	FIAL LOCAT
ARENTS	MS 17. FATHER—NAME	Desoto		ve Branch			2 Helen	Dr.	
AMENIS	II. FAIRER-NAME	First	Middle	Lasi	18 MOTHER-NAM	É Firs	ı	Middle	Ма
			lenry	Hopper		Li11:		Mae	Crowd
IFORMANT	19a. INFORMANT—NAME (T	ype or print)			ORESS (Street and numb			r town, State, 2	ZIP code)
			pper		len Dr., 01	ive Branc	h, MS	38654	
ISPOSITION	20a. BURIAL, CREMATION, REMOVAL (Specify)	20b CEMETERY, C	CREMATORY—NAM	IE 20c LOCA	TION (City and State)	21a. EMBALMER	-SIGNATURE	AND NUMBER	1
	Burial	Memphis M	lemory Gan	dens Me	mphis, TN	Aaron H	lazen	1020	
	21b. FUNERAL HOME-NAM	JE AND MISSISSIPP	LLD NUMBER	21c. MAILING A	ADDRESS (Street and nu	imber or route and t	ox number, Cit	y or town, Stat	e, ZIP code
	Memphis Funer	al Home	416	P.O. Bo	x 17069, Me	mphis. TN	38187	-0069	
RONOUNCEMENT	Polly Gil	UNCED DEATH-NA	AME AND TITLE (T	ype or print)	22b PRONO	UNCED DEAD (Mont	h. Day Year)	22c PRONOU	NCED DEA
	TOTTA GIT.	L K.N.			J ON J	une 22,2	005	0 L Tan	:15A
ERTIFIER	23a. CERTIFIER—NAME (Typ			23b MAILING AT	DDRESS (Street and nur	mber or route and bo	x number. City	or town. State	ZIP code
	Jeffery Po	ounders			ounders R				
Ī.	24a. To the best	of my knowledge, dea	ath occurred due to		24e On th	e basis of examination	and/or inves	ndatron. In my	pinion, dea
ssissippi State	This and manner section SIGNATURE	as stated		MO	This occur section SIGNATUR	red due to the chuse	≰s∦and mande	Walled A	011
	to be com- pleted by 1 24b. DATE SIGNS	ED (Month, Day, Year)	) 24c. STATE LIC		pleted by   24f. TITLE	_ // //	AL	1001 5098	
vised 1-1-89	physician : if NOT a	4			medical   examiner	Destota	/ KMEI		
ļī Id		TTENDING PHYSICIA	AN IF OTHER THA	N CERTIFIER	ONLY	SIGNED (Month, Da	v. Year)		
j	(Type or prin	it)		l		June 3		·	
USE OF DEATH	25. PART I, IMMEDIATE (	CAUSE (Enter one ca	iusę only).		<u> </u>		-,2002		between on
	DEATH Lymphoma							and dea	
	BY: (a) DUE TO: OR AS A CONSEQUENCE OF (Enter one cause only):							Interval	between on
Conditions, if any, which gave rise to	<b>.</b>		_ S. (which only t	and only				and dea	
immediate cause stating the	(b)   (D)   (D)	AS A CONSEQUENC	CE OF /Enter one	cauco onla)					
underlying cause last	₹!	AG A GUNDEQUENC	JE OF (Enter tine (	ause only).				interval and dea	between on
<b> </b>	(C)	CANT CONDITIONS	Candida			1	AUTODO: T		
ad Decedent	26. PART II: OTHER SIGNIFIC given in PART I	JANT CONDITIONS-	-conditions contrib	uting to death but	not resulting in the unde	eriying cause 27.	AUTOPSY 21 (Yes or No)	WAS CASE F MEDICAL EX (Yes or No)	ALFERRED
en Pregnant	Ise if 29a ACCIDENT SUI	loine de la lace					i		
ntnin 90 Days    d	leath INVESTIGATION	ICIDE, HOMICIDE, PE N, OR UNDETERMINE		E OF INJURY 29c. hth, Day, Year)	HOUR OF INJURY 296	1. DESCRIBE HOW I	OH BY WHAT I	MEANS INJUR	Y OCCURA
	fue to 1	<del>5.1.5.2.2</del>			m.				
	auses (Yes of No)		INJURY (Specify Fice building, etc.)	lome, Farm, Street,	299. LOCATION	Street or route nu	mber (	City or town	State
Prior to Death?	NOT (Specify) flue to 1 natural   29e. INJURY AT WOR	RK 291. PLACE OF	INJURY (Specify H	Home, Farm, Street.		Street or route nu	mber (	City or town	St

**WARNING:** 

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